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20/92/20  
02978 U.S. PTOUTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No.	4002-2950/PC464.00
First Inventor	Hai Trieu
Title	FLEXIBLE SYSTEMS FOR SPINAL STABILIZATION AND FIXATION
Express Mail Label No.	EL 917 000 698 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1.  \*Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)

2.  Applicant claims small entity status.

3.  Specification [Total Pages **41**]  
(preferred arrangement set forth below)  

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets **11**]  
 Informal  Formal

5. Oath or Declaration [Total Pages **52**]  
a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:
 Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For **CONTINUATION or DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

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(Insert Customer No. or Attach bar code label here)

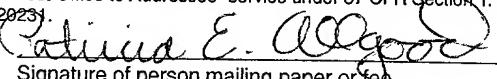
or  Correspondence address below

Name	Woodard, Emhardt, Naughton, Moriarty and McNett				
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700				
City	Indianapolis	State	IN	Zip Code	46204-5137
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	Douglas A. Collier		Registration No. (Attorney/Agent)		43,556
Signature	<i>Douglas A. Collier</i>		Date		February 26, 2002

Express Mail Label Number EL 917 000 698 US

Date of Deposit February 26, 2002

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231.

  
Signature of person mailing paper or fee

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# FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Hai Trieu
Group Art Unit	
Examiner Name	

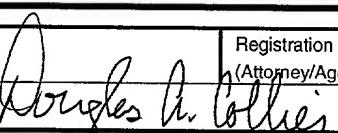
Total Amount of Payment	(\$1806.00)	Attorney Docket Number	4002-2950/PC464.00
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## METHOD OF PAYMENT

## FEE CALCULATION (continued)

1. <input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to		
Deposit Account Number	23-3030		
Deposit Account Name	Woodard, Emhardt, Naughton, Moriarty & McNett		
<input checked="" type="checkbox"/>	Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17		
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			

FEE CALCULATION																																															
1. BASIC FILING FEE																																															
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																										
101	740	201	370	Utility Filing Fee	740																																										
106	330	206	165	Design Filing Fee																																											
107	510	207	255	Plant Filing Fee																																											
108	740	208	370	Reissue Filing Fee																																											
114	160	214	80	Provisional Filing Fee																																											
SUBTOTAL (1)					(\$740)																																										
2. EXTRA CLAIM FEES																																															
Total Claims	77	-20** =	57	Extra Claims Fee From Below	Fee Paid																																										
Independent Claims	3	-3** =	0	X 18	1026																																										
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<table border="1"> <tr> <td>Large Fee Code</td> <td>Entity Fee (\$)</td> <td>Small Fee Code</td> <td>Entity Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (2)</td> <td>(\$ 1026)</td> </tr> </table>						Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	**Reissue independent claims over original patent		110	18	210	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 1026)
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SUBTOTAL (2)					(\$ 1026)																																										
**or number previously paid, if greater. For Reissues, see above																																															
Other Fee (specify) ..... * Reduced by Basic Filing Fee Paid																																															
					SUBTOTAL (3) (\$ 40)																																										

SUBMITTED BY					
Name (Print/Type)	Douglas A. Collier		Registration No. (Attorney/Agent)	43,556	Telephone (317) 634-3456
Signature				Date	February 26, 2002

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